

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 1109
Registered No. 429

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 607 Gibson St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Francisco Augustine Hernandez { If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Oct. 4 - 1927
Month Day Year

5. No., in order of birth _____

8. FATHER Full name Augustine Hernandez 14. MOTHER Full maiden name Amada Ramos9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) MiamiIf non-resident, give place and state. Arizona If non-resident, give place and state. Arizona10. Color or race Mex. 11. Age at last birthday 35 (Years) 16. Color or race Mex. 17. Age at last birthday 32 (Years)12. Birthplace (city or place) Chihuahua 18. Birthplace (city or place) Chihuahua
(State or country) Mex. (State or country) Mex.13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry Housewife20. Number of children of this mother _____ (a) Born alive and now living 3 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____ (c) Stillborn _____I hereby certify that I attended the birth of this child, who was born alive at 1:45 A. m. on the date above stated
(Born alive or stillborn)Signature Byrd M. Brown M.D. Physician (Physician or midwife)Address Miami, ArizonaFiled Oct 15 - 27 1927 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report. Month, day, year _____ Registrar

687 - 1004 - 192